N21000014374

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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COVER LETTER

TO: Amendment Section

Division of Corporations	• •
NAME OF CORPORATION: People's Pantry In	ne.
DOCUMENT NUMBER:	
The enclosed Articles of Amendment and fee are s	submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Linda McMurtrie	
	(Name of Contact Person)
People's Pantry Inc.	
	(Firm/ Company)
2315 Lakeview Blvd	
	(Address)
Port Charlotte Florida 33948	
	(City/ State and Zip Code)
lindalm8749@aol.com	
E-mail address: (to be u	used for future annual report notification)
For further information concerning this matter, ple	ease call:
Linda McMurtrie	941 3807331 at
(Name of Contact Pers	
Enclosed is a check for the following amount made	e payable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Statu	
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

People's Pantry Inc.			
(Name of Corporation as currently filed with the Florida I	Dept. of State)		
N21000014374			
(Document Numb	er of Corporation	n (if known)	
Pursuant to the provisions of section 617.1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this <i>Florida N</i>	Not For Profit Corporation adopts	the following
A. If amending name, enter the new name of the corporat	ion:		
N/A			Thermon
name must be distinguishable and contain the word "corpora "Company" or "Co." may not be used in the name.	tion" or "incorp	orated" or the abbreviation "Corp	The new o." or "Inc."
B. Enter new principal office address, if applicable:	N/A		
(Principal office address MUST BE A STREET ADDRESS)	TA:	2022
			_ _
			
C. Enter new mailing address, if applicable:	N/A	100 E	
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	-		· 3 - 1
		<u></u>	<u> </u>
		and the second s	[্] 5
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a		orida, enter the name of the	
Name of New Registered Agent:	<u> </u>		
Entire ty Wen Neglisto en Algem.			
		(Florida street address)	
New Registered Office Address:			
		, Florida	
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered	Agent:		
l hereby accept the appointment as registered agent. I am fai		accept the obligations of the positio	m.
		· · · · · · · · · · · · · · · · · · ·	
Si	gnature of New I	Registered Agent, if changing	

If amending the Officers and/or Directors, enter the title and	name of each officer/director being removed and title, name,
and address of each Officer and/or Director being added:	

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk, CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change X Remove X Add	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change Add	D	Alicia Westbrook	3614 Lorton Ave. North Port FL 34286
× Remove			
2) Change Add	D	Marge Stevenson	118 Hampshire Drive Eaton Ohio45320
Remove	D	Juana Crawford	4040 Kenville Drive North Port Florida 34288
4) Change Add			
Remove			
5) Change Add			2022
Remove			
6) Change Add			\$588 2 1 5
Remove			
		icles, enter change(s) here:	1. 69A
(attach additional she	ets, if necessary).	(Be specific)	
Article7 Correct address	per Linda McMur	trie 2315 Lakeview Blvd Port Charlotte Fl 33	3948 Not 420Grace Punta Gorda Fl 3
			

					
					
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				-	
The date of each amendment(s) adopti date this document was signed.	on:				. if other than the
Effective date if applicable:					
- withingth.	(no more than 90 c	days after amendi	nent file date)		
Note: If the date inserted in this block dodocument's effective date on the Departm	nes not meet the app	licable statutory i		this date will not b	e listed as the
Adoption of Amendment(s)	(CHECK ONE)				

The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

Dated	June 17 2022
Signatu	
	(By the chairman or vice chairman of the board, president or other officer-if director have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
	Linda McMurtrie
	(Typed or printed name of person signing)

FILED